

120803

15866 U.S. PTO

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: Michael Miller

Serial No.: Unknown

Examiner: Unknown

Filing Date: December 8, 2003

Group Art Unit: Unknown

For: ULTRASONIC PLACEMENT AND MONITORING OF A TUBE WITHIN THE BODY

Docket No.: 1194.1101101

22390 U.S. PTO  
10/730690

120803

**TRANSMITTAL SHEET**

Mail Stop PATENT APPLICATION  
Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

Sir:

**CERTIFICATE UNDER 37 C.F.R. 1.10:** The undersigned hereby certifies that this paper or papers, as described herein, are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of : EV315609723US, in an envelope addressed to: Mail Stop PATENT APPLICATION, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450., 20231 on this 8th day of December, 2003.

By JoAnn Lindman  
JoAnn Lindman

We are transmitting herewith the attached Patent Application including the following:

- ☒ 24 sheet(s) of specification.
- ☒ 48 claim(s).
- ☒ 1 sheet(s) of Abstract.
- ☒ 9 sheet(s) of formal drawings.
- ☒ Executed Declaration and Power of Attorney.
- ☐ A verified statement(s) to establish small entity status under 37 C.F.R. 1.9 and/or 1.27 is enclosed.
- ☒ An Assignment of the invention to PLASIATEK, LLC is being filed contemporaneous with this patent application.
- ☐ A certified copy of a \_\_\_\_\_ application, serial no. \_\_\_\_\_, filed \_\_\_\_\_, 19\_\_\_\_, the right of priority of which is claimed under 35 U.S.C. 119.

CLAIMS AS FILED						
	(1)	(2)	SMALL ENTITY		OTHER	
FOR:	# FILED	# EXTRA	Rate	Fee	Rate	Fee
BASIC FEE				\$385		\$770
TOTAL CLAIMS	48-20 =	28	x9=	\$252	x18=	\$
INDEPENDENT CLAIMS	7 -3 =	4	x43=	\$172	x86=	\$
( ) MULTIPLE DEPENDENT CLAIM PRESENTED			+140=	\$	+280=	\$
TOTAL			\$809		\$	

\*If the difference in Column (1) is less than zero, enter "0" in Column 2.

[ ] Other \_\_\_\_\_.

[X] A check in the amount of \$ 809.00 is enclosed.

[X] Please charge any deficiencies or credit any overpayment in the enclosed fees to Deposit Account No. 50-0413.

By: \_\_\_\_\_

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